Voice of the Good Shepherd, Inc
1003 W. Grand Ave.
Hot Springs, AR 71913
(501) 767-6767
Fax: (501) 623-8118

Voice of the Good Shepherd, Inc

Fax

To:	Tricia Bray	**From:**	Voice of the Good Shepherd, Inc
Fax:	501-623-8118	**Date:**	07/23/2008
Phone:	501-767-6767	**Pages:**	6
Re:		**CC:**	

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

•**Comments:** Please notify us if there's anything else we need to complete.

RECEIVED
JUL 24 2008
S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA
DIVISION OF CONSUMER PROTECTION
REGISTRATION STATEMENT
SDCL 37-30-6
CSF-90

FOR YEAR ENDING December 31, 2008

Mail to: Division of Consumer Protection
1302 E Hwy 14, Suite 3
Pierre, SD 57501-8503

INSTRUCTIONS: Type or print in ink the answer to all applicable items (enter NA for any item that is not applicable). In all cases, "the firm" shall mean the applicant paid solicitor named in item 1;, "representative of the firm" shall mean a principal, director or officer of the firm. This fully executed statement, along with a $20,000 or $10,000 Surety Bond notice of solicitation and other applicable forms should be sent to the above address. The bond should name the applicant as the Principal obligator (form enclosed). Please be sure to sign this statement where indicated and include all attachments, clearly labeled to reference any item requiring additional explanation.

NOTE: The Division of Consumer Affairs must be notified, in writing, within 30 days if any changes to the information provided in this statement occur during the period of registration. However, changes in campaign literature (i.e. scripts and written materials) shall be reported within seven (7) days of the change. SDCL 37-30-15

1. Full, Official Name and Address of the Firm
Voice of the Good Shepherd, Inc
P.O. Box 312619
New Braunfels, TX
78131
Telephone Number 501-318-4086

FEDERAL TAX ID NUMBER 320002 4029 South Dakota Sales Tax Number

2. Principal South Dakota address, (if other than item 2).

Telephone Number

3. Location financial records are kept (if other than item 2).
1003 W. Grand Ave (Suite C)
Hot Springs, AR 71913

4. List all other names under which the firm may be known (do not include clients names).

Rev 8/2005

5. Type of business entity (check one and complete)
✓ Corporation-State in which incorporated Texas
Date incorporated 7-17-1997
___ Partnership-City and state in which organized
Date organized
___ Individual-City and state in which organized

6. Enter name, residence address and title or relationship to the business of all persons in charge of overall management.
Name Stephen Simpson
Address 1504 Shannon Circle
New Braunfels, TX 78130
Title or relationship to business President

Name Kelly Simpson
Address 204 Gold Nugget Loop
Hot Springs, AR 71913
Title or relationship to business Vice President

Name Sarah Simpson
Address 204 Gold Nugget Loop
Hot Springs, AR 71913
Title or relationship to business Secretary & Treasurer

Name BRUCE SIMPSON
Address 204 Gold Nugget Loop Hot Springs, AR 71913
Title or relationship to business ~~SOLE~~ REPRESENTATIVE

Name
Address
Title or relationship to business

Name
Address
Title or relationship to business

7. Has the firm or any representative of the firm ever been, or are they now, associated with any charitable or other organization with which the firm has contracted to act as paid solicitor?
___ yes ✓ no
If yes, complete the following:
Name
Address
Title or relationship to business

Name_____
Address_____

Title or relationship to business_____

Name_____
Address_____

Title or relationship to business_____

8. Has the firm or any representative of the firm ever been or are they now, associated with any other paid solicitor?

____yes _✓_no

If yes, complete the following:

Name_____
Address_____

Title or relationship to business_____

Name_____
Address_____

Title or relationship to business_____

Name_____
Address_____

Title or relationship to business_____

9. Is the firm registered as a paid solicitor or professional fund raiser with any other state or local government?

____yes _✓_no

If the answer is yes give the following information: Name, address of government agency and date of authorization.

Name_____
Address_____

Date of authorization_____

Name_____
Address_____

Date of authorization_____

Name_____
Address_____

Date of authorization_____

Name_____
Address_____

Date of authorization_____

10. Has the firm or any person listed in item 6, ever had any license, registration or permit denied, cancelled, suspended or revoked; or has any official disciplinary or legal action ever been taken, or is one currently pending, against the firm or any representative of the firm in relation to any fund raising activity?

____yes _✓_no

If yes, complete the following:

Name of government agency_____
Address_____

Nature of action and what was or is being taken:

11. Is a notice of solicitation filed with the registration statement?
____yes ____no

If a notice of solicitation is not filed with this registration form, complete the following:

12. Does the firm intend to have physical access to the funds or bank accounts?
__✓_yes ____no

13. Have you entered into a contract(s) (SDCL 37-30-7) with a charitable organization?
____yes _✓_no
If yes, attach a copy. If no, a copy must be attached to the Notice of Solicitation form prior to beginning a charitable campaign.

14. Have you obtained a Consent Agreement (SDCL 37-30-7) from a charitable organization?
____yes ____no
If yes, attach the Consent Agreement form.

15. Does the firm intend to sell tickets to an event?
_✓_yes ____no
If yes, and the firm intends to donate tickets to a charitable organization, the Donor ticket Form must be completed and attached to the notice of solicitation. (SDCL 37-30-9)

I, the registrant, certify, under penalty of perjury, that the statements made in this document and in any accompanying papers are true to the best of my knowledge and belief.

Kelly C. Simpson Vice President May 30, 2008
Signature of Registrant | Title | Date

Kelly C. Simpson
Name printed or typed

VICE PRESIDENT
Title of Registrant

Rev 8/2005

Voice Of The Good Shepherd

Custom S & S Motorcycle Giveaway

Name

Address

City

ST-ZIP

Phone

00001

WIN Visit us @ www.voiceofthegoodshepherd.org **WIN**

GOOD SHEPHERD

1st PRIZE: Custom S&S Chopper *or* 2009 FXSTC Harley Davidson

2nd PRIZE: Caribbean Cruise for 2

3rd PRIZE: Mini Chopper

PROCEEDS GO TO: Voice of the Good Shepherd and the Clergymen Retreat Fund

DRAWING: June 13th, 2009, Austin TX

(WINNER CONFIRMATION after June 15, 2009, – Call Voice of the Good Shepherd @ 501-623-8118)

Voice of the Good Shepherd, PO Box 312619, New Braunfels, TX 78131-3100

Suggested Donation $5.00 per Ticket. NEED NOT BE PRESENT TO WIN

To make a contribution to Voice of the Good Shepherd, visit us at www.voiceofthegoodshepherd.org

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE WITHIN THE STATE 1-800-648-9642. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE

00001

Voice Of The Good Shepherd

Custom S & S Motorcycle Giveaway

Name

Add

City

ST-ZIP

Phone

00002

WIN Visit us @ www.voiceofthegoodshepherd.org **WIN**

GOOD SHEPHERD

1st PRIZE: Custom S&S Chopper or 2009 FXSTC Harley Davidson

2nd PRIZE: Caribbean Cruise for 2

3rd PRIZE: Mini Chopper

PROCEEDS GO TO: Voice of the Good Shepherd and the Clergymen Retreat Fund

DRAWING: June 13th, 2009, Austin TX

(WINNER CONFIRMATION after June 15, 2009, – Call Voice of the Good Shepherd @ 501-623-8118)

Voice of the Good Shepherd, PO Box 312619, New Braunfels, TX 78131-3100

Suggested Donation $5.00 per Ticket. NEED NOT BE PRESENT TO WIN

To make a contribution to Voice of the Good Shepherd, visit us at www.voiceofthegoodshepherd.org

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE WITHIN THE STATE 1-800-648-9642. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE

00002

Voice Of The Good Shepherd

Custom S & S Motorcycle Giveaway

Name

Add

City

ST-ZIP

Phone

00003

WIN Visit us @ www.voiceofthegoodshepherd.org **WIN**

GOOD SHEPHERD

1st PRIZE: Custom S&S Chopper or 2009 FXSTC Harley Davidson

2nd PRIZE: Caribbean Cruise for 2

3rd PRIZE: Mini Chopper

PROCEEDS GO TO: Voice of the Good Shepherd and the Clergymen Retreat Fund

DRAWING: June 13th, 2009, Austin TX

(WINNER CONFIRMATION after June 15, 2009, – Call Voice of the Good Shepherd @ 501-623-8118)

Voice of the Good Shepherd, PO Box 312619, New Braunfels, TX 78131-3100

Suggested Donation $5.00 per Ticket. NEED NOT BE PRESENT TO WIN

To make a contribution to Voice of the Good Shepherd, visit us at www.voiceofthegoodshepherd.org

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE WITHIN THE STATE 1-800-648-9642. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE

00003

Voice Of The Good Shepherd

Custom S & S Motorcycle Giveaway

Name

Add

City

ST-ZIP

Phone

00004

WIN Visit us @ www.voiceofthegoodshepherd.org **WIN**

GOOD SHEPHERD

1st PRIZE: Custom S&S Chopper or 2009 FXSTC Harley Davidson

2nd PRIZE: Caribbean Cruise for 2

3rd PRIZE: Mini Chopper

PROCEEDS GO TO: Voice of the Good Shepherd and the Clergymen Retreat Fund

DRAWING: June 13th, 2009, Austin TX

(WINNER CONFIRMATION after June 15, 2009, – Call Voice of the Good Shepherd @ 501-623-8118)

Voice of the Good Shepherd, PO Box 312619, New Braunfels, TX 78131-3100

Suggested Donation $5.00 per Ticket. NEED NOT BE PRESENT TO WIN

To make a contribution to Voice of the Good Shepherd, visit us at www.voiceofthegoodshepherd.org

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE WITHIN THE STATE 1-800-648-9642. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE

00004